19700004518

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COVER LETTER

TO: Amendment Section Division of Corporations

: NAME OF CORPORATION:	Creeks At	hletic Asso	ciation	
_	7000004	518		
The enclosed Articles of Amendm	ent and fee are subm	itted for filing.		
Please return all correspondence of	oncerning this matter	to the following:		
Milton Nuckols	-Treasure	r CAA		
	(Name of Contact Person)	
Creeks Athletic	Associati	on		
		(Firm/ Company)		
925 East Pleas	ant Place			
		(Address)		
St Johns, FL 32	259			
	(City/ State and Zip Code	e)	
mcn7@a	ol.com			
E-mail	address: (to be used	for future annual report r	notification)	
For further information concerning	this matter, please o	eall:		
Milton Nuckols		a <u>904</u>	607-6532	
(Name of Contact l	Person)	(Area Co	ode & Daytime Telephone Nu	mber)
Enclosed is a check for the following	ng amount made pay	able to the Florida Depa	rtment of State:	
-	43.75 Filing Fec & [ertificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	14 HAY 27
Amendment Section Amendment Section Division of Corporations Diview P.O. Box 6327 Cliff Tallahassee, FL 32314 266		Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently file	ed with the Florida Dept. of State)	
N97000004518		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, mendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida Not For Profit Corporation adopts th	e following
a. If amending name, enter the new name o	of the corporation:	
		The new
name must be distinguishable and contain the Company" or "Co." may not be used in the I	word "corporation" or "incorporated" or the abbreviation "Corp.' <u>name</u> .	or "Inc."
B. Enter new principal office address, if app		_
Principal office address <u>MUST BE A STREL</u>	ET ADDRESS)	
		_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	E: ICE ROY	
(maining university MAT BE A TOST OFFT	ICE BOX)	_
		_
		_
). If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the istered office address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Coa	4
New Registered Agent's Signature, if changi	ing Registered Agent: agent. I am familiar with and accept the obligations of the position	
петеду иссерт те арропитет из геззмегей и	agent. I am jamitiar with and accept the obligations of the position	
Sia	gnature of New Registered Agent, if changing	
· ne	gramme of the medicine of the manging	Fig. 72
	Page 1 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	Doc c Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Pres	Chuck Forcier	
Add X Remove			
2) X Change	Pres	Mr Don Abbey	
Add Remove 3) Change	Tres	Joanne Sweet	
Add X Remove			
4) Change Add Remove	Tres	Milton Nuckols	925 East Pleasant Pl St Johns, FL 32259
5) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
6) Change Add Remove			

E. If amending or add (attach additional sh	ing additional Arti eets, if necessary).	(Be specific)	ge(s) here:		
N√	Addition-	1 ch.	مېهو نځ		
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			. <u>.</u>		
					·
				-	
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	e this document was signed.	, if other than the
Eff	(no more than 90 days after amendment file date)	_
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 05/23/2014	
	Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	Milton Nuckols	
	(Typed or printed name of person signing)	
	Treasurer- Creeks Athletic Association	
	(Title of person signing)	